

HONOLULU ETHICS COMMISSION

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768 Email: ethics@honolulu.gov Website: http://www.honolulu.gov/ethics/

2019 REGISTRATION

Lobbyist Registration (Type or Print Clearly)

THIS SPACE FOR OFFICE USE ONLY

HONDLULU ETHICS COMMISSION RECEIVED 92.10.19

19 FEB -1 P12:22

PART I LOBBYIST		
NAME (Last) (First) (Middle)		
Rooney, Kathleen, King		
LOBBYIST FIRM/EMPLOYER (if applicable)		TELEPHONE
Ulupono Initiative		(808) 544-8966
MAILING ADDRESS (No. and Street or P.O Box)		FAX
999 Bishop Street, Suite 1202		EMAIL krooney@ulupono.com
(City) Honolulu	(State)	(Zip Code) 96813
— 4°-	II NAV	A STATE OF THE STA

	Donates Paret Samon	Notary Name: Mintam R.	
PART II.A ORGANIZATION	mos sa Maladia (1934)	CON College Control of the Control	C)
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
Ulupono Initiative	ols()	(808) 544-8960	
MAILING ADDRESS (No. and Street or P.O. Box)		FAX	HILLA V TRACT
999 Bishop Street, Suite 1202		EMAIL info@ulupono.co	om
(City) Honolulu (St	tate) HI	(Zip Code) 96813	
ESTIMATED NUMBER OF MEMBERS (if lob	obying on behalf of members)		▼ Not Applicable
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS			▼ Not Applicable

PART II.B NO LONGER LOBBYING				
☐ I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE			

NOTE: This is a public document.

■Business & Economic	☐Community Services	☐Customer Services	□Customer Services
Development			
□Culture & Arts	⊠Housing	☑Public Works, Infrastructure & Sustainability	
□Parks & Recreation	□Public Health, Safety & We	lfare □Tourism	
22 cl. 1- 11 61.	MOTALSTER	☐ Specific Legislation: ☐ Additional Sheet(s) Attached	
⊠ Transportation		Bill No(Year) Reso No Admin. Rule No Dept	
□Other (indicate below):	NO. OF PERSONS ASSESSMENT	Total Elizabet (Sept.)	SALA!
<u> </u>		3-7	11-12-25
PART IV LOBBYIST CE	RTIFICATION		6BC
PART V AUTHORIZATION NAME Murray Clay NAME OF ORGANIZATION (if applic	The JAN 07 2019 # Pages 2 By the Mirriam R. Domingo First Crown My JAN 07 2010 A LEGISTATION MY DATE DATE DATE DATE DATE DATE DATE DATE	THORIZING OFFICER OR PERSON ED Managing Partner TELEPHONE	C 37
Ulupono Initiative		(808) 544-8960	
MAILING ADDRESS (No. and Street or P.O Box) FAX		FAX	di in
999 Bishop Street, Suite 1202		EMAIL mclay@ulupono.com	
(City) Honolulu	(State) HI	(Zip Code) 96813	
I hereby authorize the above-name (Signature of Authorizing Officer of	Jakanika al a	activities on behalf of the undersigned. / Z / / Z-1 9	(Pa) =

NOTE: This is a public document.